

March 21, 2017

NH Department of Health and Human Services

Agenda

- ► Introduction
- ▶ Goals
- Role of Outcome Measures in DSRIP
- ► High-level Description of Measures
- DSRIP Measures Review

Introduction

- Andrew Chalsma
 - Director of Data Analytics and Reporting
 Office of Quality Assurance and Improvement
 - andrew.chalsma@dhhs.nh.gov
- Public webpage with information on measures
 - http://www.dhhs.nh.gov/dphs/oqai/dsrip-qualityperf.htm

Today's Goal

Build familiarity with DSRIP outcome measures and their role in the incentive payment process

A note on "outcome"

- Outcome measures are those that show the outcome/benefits of the DSRIP program
- They are not necessarily about specific health outcomes

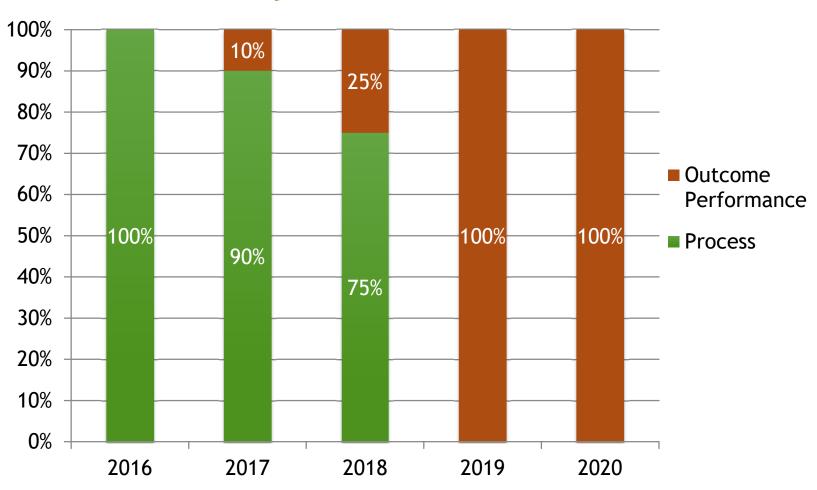
Role of Outcome Measurement

- DHHS DSRIP oversight: health services and health outcomes improvement
 - ► Care integration
 - Workforce
 - ► HIT
 - ▶ Behavioral health population and care improvement
- Part of CMS approved protocols
- Basis for much of the incentive payments

Outcome Measure Role in Incentive Payments

- Nearly all DSRIP payments to IDNs are incentive payments
- Outcomes measures play increasing role in payments as waiver progresses
- Some of DHHS's funding for the program is also at risk based on measures

Outcome Measure Role in Incentive Payments Allocation



Outcome Measure Overview

Measure Overview: Reporting Responsibility

- ► Four measures will be calculated by IDNs
- Some of the other measures depend on IDN assistance for capturing data where DHHS will calculate
- Majority of measures are sole responsibility of DHHS for capturing and calculation

Measure Overview: Data Sources

- ► IDN EHR-Based Reports
- ► IDN Clinical Records
- Claims/Encounters
- Surveys
- Mental Health System Data

Measure Overview: Populations

- ► All attributed IDN members (regardless of health service provider)
- ► Attributed behavioral health population (all attributed members with behavioral health diagnosis)
 - ► Mental health population (CMHC population, mental health diagnosis on claims, medication history)
 - ► SUD/misuse (SUD treatments use, SUD or substance misuse diagnosis on claim, medication history)
- ▶ Patients seen at IDN health service provider

Measure Overview: Baselines and Goals

- ► Where possible baselines will be calculated using CY2015 data year (e.g., pre-waiver)
- Some baselines will not be calculated until after IDNs/DHHS begin reporting information
- ► Goals set mostly based on top IDN performer
- After goals met, annual improvement still required (CMS requirement)

Measure Overview: Reporting Periods and Incentives

- ▶ 2017 Measurement Year
 - ▶ 2 pay for reporting measures
- 2018 Measurement Year
 - ▶ 10 pay for reporting measures
 - ▶ 11 pay for performance measures
- ▶ 2019 and 2020 Measurement Years
 - ▶ All incentives tied to performance outcome measures
 - ▶ 36 individual measures with 17 of those rolled up into 3 summary measures = incentive payments based on 22 measures

The Measures

Assessment and Screening

- Use of Comprehensive Core Standardized Assessment
- Follow-Up by for Positive Screenings for Potential Substance Use Disorder and/or Depression
- Use of selected U.S. Preventive Services Task Force (USPSTF) A&B Services for Behavioral Health Population
- Smoking and Tobacco Cessation Screening and Counseling

HEDIS-based Effectiveness of Care Measures

- Mental Health-Focused HEDIS Measures: Summary Score of Six Measures
 - Antidepressant Medication Management Continuation Phase
 - Adherence to Antipsychotic Medication for Individuals with Schizophrenia
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics
 - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic medications
 - Diabetes Monitoring for People with Diabetes and Schizophrenia
- Adolescent (Age 12-21) Well-Care Visits
- Physical Health-Focused HEDIS Measures for Behavioral Health Population: Summary Score of Seven Measures
 - Controlling High Blood Pressure
 - Comprehensive Diabetes Care HbA1c Testing; HbA1c Control <8.0%; Eye Examine; Nephropathy
 - ▶ Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid
 - Medication Management for People with Asthma
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (two measures)

CMHC Timeliness Measures

- Community Mental Health Center:
 - ► Intake Appointment Timeliness
 - ► First Follow-up Visit Timeliness
 - ► First Psychiatrist Visit Timeliness
- ► Reports will be built using CMHC data submitted to DHHS Phoenix system

Patient Experience of Care

- Adult Experience of Care Survey: Summary Score of four composite results
 - Getting Needed Care
 - Getting Care Quickly
 - Care Coordination
 - Behavioral Health
- ▶ DHHS will annually field survey with IDN-level sample frames

Emergency Department Use and Follow-up

- Frequent (4+ per year) Emergency Department Use in the Behavioral Health Population
- Potentially Avoidable Emergency Department Visits
- Follow-up After Emergency Department Visit for Mental Illness Within 30 Days
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days

Inpatient Hospital Use and Follow-up

- Readmission to Any Hospital for Any Cause by Adult Behavioral Health Population Within 30 Days
- Timely Transmission of Transition Record After Hospital Discharge
- ► Follow-up After Hospitalization for Mental Illness Within 7 Days
- ► Follow-up After Hospitalization for Mental Illness Within 30 Days

Opioid Prescribing

Extended Daily Dosage of Opioids Greater Than 120mg Morphine Equivalent Dose